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| Authority to release medical information |

To:

[First name] [Surname]

of

[Practitioner business address]

[Suburb] [STATE] [Postcode]

The Victorian Institute of Teaching (VIT) is responsible for administering the *Education and Training Reform Act 2006* (Vic) (the Act). The purpose of the Act is to provide for the registration of teachers in Victoria and to regulate the conduct of teachers. A full copy of the Act is available on the VIT website.

I, [Full name] of [Address] in the state of Victoria, consent and authorise you to release health information that relates to my ability to practise as a teacher to the Victorian Institute of Teaching.

This authority shall be valid for a period of [select option] from the date of signing.



 [Select date]